

PΙ	ease Select One:
	New Application
	Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Sole Proprietor or Individual

	Please Print or Type		
The expiration date for such certificates shall expire after five years from the date of filing.			
The undersigned does hereby certify that			
	(Sole Proprietor or Individual)		
with a mailing address of			
(Mailing Address for notific	cation of renewal) (Street) (City.	State, Zip)	
is conducting business in Clark County, Neva-	da, under the fictitious name of		
(Fictitie	ous Firm Name or Doing Business As)		
and that said firm is composed of the following	g person whose name and address	is as follows:	
(1) Full Name and title (Type or Print)		Date	
Street Address of Business or Residence	City, State, Zip		
STATE OF			
STATE OF	S:		
This instrument was acknowledged before	e me on		
		(Date)	
by	by(Name of individual whose signature is being notarized)		
(Name	of individual whose signature is being notarized)	
	Signature of Notary Public/Dep	uty Clerk	